



# Donation Request

Return to:  
The Mizzou Store  
911 East Rollins  
Columbia, Missouri 65211

Email:  
andersonn@missouri.edu

Where all profits support Mizzou student services, facilities & programming.

**NOTE: Request for donations must be received at least 7 working days before the event.**

Today's Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name of Organization (no abbreviations please): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Details: \_\_\_\_\_

Event Title: \_\_\_\_\_

Location: \_\_\_\_\_ Estimated attendance at event: \_\_\_\_\_

Description of event (Purpose and who is attending): \_\_\_\_\_

To be approved, donations require a direct and specific benefit to the University. Please explain 1) the direct benefit to the University and 2) describe how The Mizzou Store will be recognized as a contributor to this event.

Level of support being requested: \_\_\_\_\_

Date requested donation needed by: \_\_\_\_\_

**MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE.**

**OFFICE USE ONLY**

Date Responded: \_\_\_\_\_

Support Given: \_\_\_\_\_

Stock out form completed?  YES  N/A Record and initial \_\_\_\_\_

**I PICKED UP THE ABOVE ITEM(S) FOR MY ORGANIZATION:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_